

TRUST BOARD IN PUBLIC		Date: 30 November 2017
		Agenda Item:
REPORT TITLE:		Finance and Workforce Committee (FWC) Chair Update
NON-EXECUTIVE SPONSOR:		Richard Durban Non-Executive Director & Chair of FWC
REPORT AUTHOR (s):		Richard Durban Non-Executive Director
REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date)		N/A
Action Required:		
Approval ()	Discussion (√)	Assurance (√)
Purpose of Report:		
To provide an overview of items approved and discussed at the recent FWC and to give assurance to the Board on progress.		
Summary of key issues		
<p>The Finance and Workforce Committee – Public met on 28 November 2017. The main topics covered were as follows:</p> <ul style="list-style-type: none"> • Finance • Medical Records PIR • MRI OBC • Workforce & Organisational Development • Capital & Estates 		
Recommendation:		
The Board is asked to note the report and take assurance.		
Relationship to Trust Strategic Objectives & Assurance Framework:		
SO5: Well led - Become an employer of choice and deliver financial and clinical sustainability around a patient focused clinical model		
Corporate Impact Assessment:		
Legal and regulatory impact	Ensures the Board are aware of current and new requirements.	
Financial impact	N/A	
Patient Experience/Engagement	Highlights national requirements in place to improve patient experience.	
Risk & Performance Management	Identifies possible future strategic risks which the Board should consider	
NHS Constitution/Equality & Diversity/Communication	Includes where relevant an update on the NHS Constitution and compliance with Equality Legislation	
Attachment: FWC Chair Update		

FINANCE AND WORKFORCE COMMITTEE CHAIR UPDATE

PUBLIC MEETING HELD ON 28 NOVEMBER 2017

Finance

- Month 7 Report

Although now behind plan by £1.8m, half of this is because we have chosen not to take STF on a month by month basis with a £900k gap. There are signs from September and clearer in October of an increase in activity and that may recover part of the adverse variance by December.

A new simplified cost and income presentation of divisional performance showed a different picture from cost alone. Most adverse is surgery while WaCH was most favourable.

• Finance Internal Controls Framework (ICF) Review 2017

PS presented the ICF which is a self-assessment by management of the robustness of controls within various processes. All were rated green other than the Cost Improvement Programme (CIP). This was based on the significant reliance on contingency to deliver CIP targets. The Committee discussed the CIP approach and agreed on the amber rating. It explored some other areas eg capital before agreeing the green ratings. The report will now be tabled at the AAC.

Medical Records Post Implementation Review (PIR)

AS presented additional information about the use of released clinical space eg Day Surgical Unit and better team working eg the consolidation of booking teams. This, together with the earlier PIR, gave the Committee assurance over the benefits derived from the investment.

MRI Outline Business Case (OBC)

The strategic need rests on the growth in MRI activity. The original plan was to purchase a second MRI scanner and operate it in house. However capital constraints led the team to consider a leasing option. The OBC recommends option 3 – that a third party purchases and operates the scanner and is responsible for enabling works. In addition it would purchase and operate the existing scanner.

The Committee discussed the OBC in detail and inter alia covered the sensitivity of the cost per patient and the tariff price, the forecast levels of activity, the stated potential need for a third scanner by 2020, the future context provided by the Imaging Network and the impact of 7 day working. These and other points raised would be fully developed in the Full Business Case.

The Committee approved the OBC (option 3).

The OBC proposed that if, following tendering, an acceptable cost price could not be agreed option 2 should be developed. This involved the Trust purchasing and operating the second scanner. As this involves a considerable capital spend – c £3.5m – an addendum to the OBC would come to the Committee for approval.

Workforce and Organisational Development

JM noted that the Trust had been successful in receiving funding from HE KSS for a leadership framework and that it had now achieved 90% Achievement Reviews. The national staff survey response rate is currently at 61% and there is confidence that last year's figure of 66% will be achieved. 60% staff have received flu vaccinations so the Trust will achieve some of its CQUIN funding. The target is 70% by the end of December.

AMc reported that the recent SASH Awards evening went well.

The Committee welcomed the achievement of the AR target and asked that assurance be provided around the quality ie use and impact of the reviews.

RD informed the Committee that the Education strategy would be presented to the Board in January.

Capital & Estates

The Committee discussed changes to the Capital programme and noted that six projects have been deferred from 17/18.:

EPR Digitise – loan approved but funding not received. A contingency plan is being developed which would involve Trust funding and mean a slower implementation.

MRI – a leasing option has been developed (see above)

Ophthalmology, Urology and IT Network Upgrade – candidates for 18/19 programme

Pathology Joint Venture – loan not secured

A draft of the 18/19 and beyond capital programme will be presented to the December FWC